

**Application Data Sheet**  
**APPLICATION INFORMATION**

Application Number::  
Filing Date:: April 19, 2004  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks:  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF::  
Title:: FREE-FLOWING LYOPHILIZED  
TOBRAMYCIN FORMULATION  
Attorney Docket Number:: 217538  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Latin Name::  
Variety denomination name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: K.  
Middle Name:: Keith  
Family Name:: Kwok  
City of Residence:: Long Grove  
State or Prov. of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 5564 Old Field  
City of mailing address:: Long Grove  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60047

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kang yong  
Middle Name::  
Family Name:: Yang  
City of Residence:: Flossmoor  
State or Prov. of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 3128 Elaine Court  
City of mailing address:: Flossmoor  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60422

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

## **DOMESTIC PRIORITY INFORMATION**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

## **FOREIGN APPLICATION INFORMATION**

Country:: Application Number:: Filing Date:: Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name:: American Pharmaceutical Partners, Inc.  
Street of mailing address:: 1101 Perimeter Drive, Suite 300  
City of mailing address:: Schaumburg

**State or Province of  
mailing address::** IL

**Country of mailing  
address::** US

**Postal or Zip Code of  
mailing address::** 60173-5837